

**DELAWARE MANUFACTURED HOME RELOCATION TRUST FUND**  
**Schedule 1 - Delinquent Tenant Report**

MANUFACTURED-HOME COMMUNITY OWNER	ACCOUNT NUMBER	REPORT FOR QUARTER ENDING:	BUSINESS CODE GROUP DESCRIPTION  <b>200 RELOCATFEE</b>
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[illegible]

**AUTHORIZED SIGNATURE**

I declare under penalties of perjury, that this is a true, correct and complete return.

DATE \_\_\_\_\_

TELEPHONE NUMBER

E-MAIL ADDRESS

**Mail This Form With Remittance Payable To:**  
Delaware Division of Revenue  
P.O. Box 2340, Wilmington, DE 19899-2340